

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007168

AMENDED

Registration District No. 206

Primary Registration District No. 5749

Registrar's No. 27

STATE FILE NUMBER

FILED MAR 6 1962

1. PLACE OF DEATH

a. COUNTY

MADISON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN FREDERICKTOWNLength of stay in 1b
69 YEARS2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY MADISON

c. CITY OR TOWN FREDERICKTOWN

Inside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION RURAL Route 3Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Route 3Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ARTHUR

FRANKLIN

BROWN

4. DATE OF DEATH

Month

Day

Year

FEB.

28

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-21-1889

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months 7 Days 7

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
FARMER10b. KIND OF BUSINESS OR INDUSTRY
NONE11. BIRTHPLACE (City and state or country)
MADISON Co. Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

D.P. BROWN

13b. MOTHER'S MAIDEN NAME

NANCY J. KING

14. NAME OF HUSBAND OR WIFE

MAMIE E. BROWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Route 3,
MRS. MAMIE E. BROWN, FREDERICKTOWN, MO.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Cardiovascular Disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec. 8, 1961 to Jan. 30, 1962 and last saw him alive on Jan. 30, 1962
Death occurred at 7:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

T. Thomas Warren

M.D.

22b. ADDRESS

115 So. Wood, Fredericktown, Mo.

22c. DATE SIGNED

3-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

3-2-1962

23c. NAME OF CEMETERY OR CREMATORY

SEBASTIAN CEMETERY

23d. LOCATION (City, town, or county)

MADISON COUNTY Missouri

24. FUNERAL DIRECTOR

ADDRESS

SAM NAJIM, JR., FREDERICKTOWN, MO.

25. DATE RECD. BY LOCAL REG.

3-2-1962

26. REGISTRAR'S SIGNATURE

Therence Fickel

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles F. Weiss Jr.

Licensed Embalmer No. 5119

P. O. Address 218 E. College
Fredericktown, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.